

**FEC
FORM 3X**
**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

 RECEIVED
FEC MAIL CENTER

 2019 OCT 18 PM 1:59
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

TOGETHER WE THRIVE

ADDRESS (number and street)

3433 LITHIA PINECREST RD

STE 198

 Check if different
than previously
reported. (ACC)

VALRICO

FL

33596

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00522458

 3. IS THIS REPORT ☒ NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

 April 15
Quarterly Report (Q1)

 July 15
Quarterly Report (Q2)

☒ October 15
Quarterly Report (Q3)

 January 31
Year-End Report (YE)

 July 31 Mid-Year
Report (Non-election
Year Only) (MY)

 Termination Report
(TER)

 (b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

 Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

 Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Report for the:

Convention (12C)

Special (12S)

M M / D D / Y Y Y Y

Election on

 in the
State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

M M / D D / Y Y Y Y

Election on

 in the
State of

5. Covering Period

 M M / D D / Y Y Y Y
07 01 2019

through

 M M / D D / Y Y Y Y
09 30 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Zullo, Christopher, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Zullo, Christopher, , ,

Date

 M M / D D / Y Y Y Y
10 15 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

 Office
Use
Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period: From: M M / D D / Y Y Y Y
07 01 2019

To: M M / D D / Y Y Y Y
09 30 2019

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand	Y Y Y Y		
January 1,	2019		0.00
(b) Cash on Hand at			
Beginning of Reporting Period.....		0.00	
(c) Total Receipts (from Line 19)		45812.88	45812.88
(d) Subtotal (add Lines 6(b) and			
6(c) for Column A and Lines			
6(a) and 6(c) for Column B)		45812.88	45812.88
7. Total Disbursements (from Line 31)		45812.88	45812.88
8. Cash on Hand at Close of			
Reporting Period			
(subtract Line 7 from Line 6(d))		0.00	0.00
9. Debts and Obligations Owed TO			
the Committee (Itemize all on			
Schedule C and/or Schedule D)		0.00	
10. Debts and Obligations Owed BY			
the Committee (Itemize all on			
Schedule C and/or Schedule D)		0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period: From: M M / D D / Y Y Y Y 07 01 2019 To: M M / D D / Y Y Y Y 09 30 2019

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	45162.88	45162.88
(ii) Unitemized	650.00	650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45812.88	45812.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	45812.88	45812.88
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	45812.88	45812.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45812.88	45812.88

20190930 10:11:01 AM

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	45812.88	45812.88
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45812.88	45812.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45812.88	45812.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45812.88	45812.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45812.88	45812.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

NO POSTING TO THE DISBURSEMENT ACCOUNT

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TOGETHER WE THRIVE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Contribution, Unitemized, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42062.88

Date of Receipt

M M / D D / Y Y Y Y
09 30 2019

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

42062.88

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kuenzli, Stephen, , ,

Mailing Address 1290 N Concord Ave

City

State

Zip Code

Chandler

AZ

85225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
QualiMente LLC

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 16 2019

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Messing, Debra, , ,

Mailing Address 350 5th Avenue

City

State

Zip Code

New York

NY

10118

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Actor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 26 2019

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 42562.88

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 40
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TOGETHER WE THRIVE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Northcutt, Barbara, , ,

Mailing Address 2915 Ebbtide Rd.

City

Corona Del Mar

State
CA

Zip Code

92625-1405

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2019

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Osborn, Hugh, , ,

Mailing Address 115 Interlaken Avenue

City

New Rochelle

State
NY

Zip Code

10801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pilant, Darrell, , ,

Mailing Address 15759 Pauma Valley Drive

City

Pauma Valley

State
CA

Zip Code

92061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Caesars Entertainment

Occupation (for Individual)

SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2019

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TOGETHER WE THRIVE

A. Richardson, Patricia C., , ,		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2019	
Mailing Address 2029 Century Park East Suite1500		Transaction ID : SA11AI.4112	
City Los Angeles	State CA	Zip Code 90067	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Memo Item	
Name of Employer (for Individual) Lifetime		Occupation (for Individual) Actress	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Smith, James, , ,		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2019	
Mailing Address 7212 Burtonwood Drive		Transaction ID : SA11AI.4123	
City Alexandria	State VA	Zip Code 22307	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Memo Item	
Name of Employer (for Individual) Self		Occupation (for Individual) Health Policy Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	
C. Sutton, Eliza, , ,		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2019	
Mailing Address 15815 35th Ave NE		Transaction ID : SA11AI.4108	
City Lake Forest Park	State WA	Zip Code 98155	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Memo Item	
Name of Employer (for Individual) University of Washington		Occupation (for Individual) Associate Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		600.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sutton, Eliza, , ,

Mailing Address 15815 35th Ave NE

City

Lake Forest Park

State

WA

Zip Code

98155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Washington

Occupation (for Individual)

Associate Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
08 21 2019

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sutton, Eliza, , ,

Mailing Address 15815 35th Ave NE

City

Lake Forest Park

State

WA

Zip Code

98155

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Washington

Occupation (for Individual)

Associate Professor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
09 21 2019

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period

250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... 500.00

TOTAL This Period (last page this line number only)..... 45162.88

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee Harvey, Jaalin, , , <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4256	
Purpose of Expenditure Online Marketing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: McConnell, Mitch , , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Harvey, Jaalin, , , <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4260	
Purpose of Expenditure Online Marketing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Collins, Susan , , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 11 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee Harvey, Jaalin, , , <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4262 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Online Marketing		Category/Type 004	
Name of Federal Candidate: Tillis, Thom , , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Harvey, Jaalin, , , <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 630.00 Transaction ID : SE.4264 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Online Marketing		Category/Type 004	
Name of Federal Candidate: Gardner, Cory , , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 630.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶ **1380.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ **.**

(c) TOTAL Independent Expenditures ▶ **.**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd				Amount 750.00
City Orlando	State FL	Zip Code 32829		Transaction ID : SE.4137
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019

Name of Federal Candidate: Byrne, Bradley , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd				Amount 750.00
City Orlando	State FL	Zip Code 32829		Transaction ID : SE.4140
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019

Name of Federal Candidate: Roby, Martha , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ , , 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶ , , .

(c) TOTAL Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
 10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4142 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	
Name of Federal Candidate: Rogers, Mike , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4144 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	
Name of Federal Candidate: Aderholt, Robert , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ , , 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ , , .

(c) TOTAL Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4146 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	
Name of Federal Candidate: Brooks, Mo , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4148 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	
Name of Federal Candidate: Palmer, Gary , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ , , 1500.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures..... ▶ , , .

(c) **TOTAL** Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
 10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4150 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004	

Name of Federal Candidate: Sewell, Terri , , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought , , 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4152 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004	
Name of Federal Candidate: O'Halleran, Tom , , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought , , 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ , , 1500.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶ , , .

(c) **TOTAL** Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4154		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Kirkpatrick, Ann , , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 02 State: AZ
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4156		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Grijalva, Raul , , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 03 State: AZ
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ .

(c) TOTAL Independent Expenditures ▶ .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4158 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	
Name of Federal Candidate: Gosar, Paul , , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 04 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4160 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	
Name of Federal Candidate: Biggs, Andy , , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 05 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	,
(c) TOTAL Independent Expenditures	▶	,

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4162 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	

Name of Federal Candidate: Schweikert, David , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
--	--	---

Calendar Year-To-Date Per Election for Office Sought	750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
---	---------------	---

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4164 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	

Name of Federal Candidate: Gallego, Ruben , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
---	--	---

Calendar Year-To-Date Per Election for Office Sought	750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
---	---------------	---

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶ .

(c) TOTAL Independent Expenditures ▶ .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, . ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	Transaction ID : SE.4166 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Lesko, Debbie , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 08 State: AZ
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	182.88	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	Transaction ID : SE.4168 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Stanton, Greg , , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 09 State: AZ
Calendar Year-To-Date Per Election for Office Sought 182.88			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 932.88

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ .

(c) TOTAL Independent Expenditures ▶ .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4170 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004		
Name of Federal Candidate: Carter, Earl , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4172 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004		
Name of Federal Candidate: Hice, Jody , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 21 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4174	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Loudermilk, Barry , , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 11 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4176	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Allen, Rick , , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 12 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ , , 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ , , .

(c) TOTAL Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 22 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4178 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	
Name of Federal Candidate: Scott, David , , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4180 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	
Name of Federal Candidate: Graves, Tom , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ , , 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ , , .

(c) TOTAL Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 23 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4182 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	

Name of Federal Candidate: Bishop Jr., Sanford , , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought , , 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4184 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	
Name of Federal Candidate: Ferguson, Drew , , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought , , 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ , , **1500.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ , , .

(c) TOTAL Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
 10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 24 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4186	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Johnson, Hank , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4186	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Lewis, John , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher , , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 25 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Transaction ID : SE.4190 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: McBath, Lucy , , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Transaction ID : SE.4192 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Woodall, Rob , , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 07 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ , , **1500.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ , , .

(c) TOTAL Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
 10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 26 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4194	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Scott, Austin , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4196	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Collins, Doug , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , , Date M M / D D / Y Y Y Y
 Signature 10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 27 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4198 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/ Type 004	
Name of Federal Candidate: Finkenauer, Abby , , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4200 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/ Type 004	
Name of Federal Candidate: Loebsack, Dave , , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 28 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4202	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Axne, Cindy , , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4204	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: King, Steve , , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 04 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ .

(c) TOTAL Independent Expenditures ▶ .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 29 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Transaction ID : SE.4206 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Marshall, Roger , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Transaction ID : SE.4208 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Watkins, Steve , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ .

(c) TOTAL Independent Expenditures ▶ .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 30 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004	Transaction ID : SE.4210 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Davids, Sharice , , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 03 State: KS
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004	Transaction ID : SE.4213 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Estes, Ron , , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 04 State: KS
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ .

(c) TOTAL Independent Expenditures ▶ .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
 10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 31 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4215	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Cornier Jr., James , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4217	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Guthrie, Brett , , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 32 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4219	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Name of Federal Candidate: Yarmuth, John A. . . .			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4221	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Name of Federal Candidate: Massie, Thomas . . .			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 04 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, . . . Date M M / D D / Y Y Y Y
 Signature 10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 33 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount		
City Orlando	State FL	Zip Code 32829	750.00		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Transaction ID : SE.4223 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Rogers, Hal , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount		
City Orlando	State FL	Zip Code 32829	750.00		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Transaction ID : SE.4225 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Barr, Andy , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 34 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4227 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	

Name of Federal Candidate: Scalise, Steve , , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4229 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004	

Name of Federal Candidate: Richmond, Cedric , , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 750.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures ▶ , , .

(c) TOTAL Independent Expenditures ▶ , , .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 35 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4231 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	
Name of Federal Candidate: Higgins, Clay , , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4233 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	
Name of Federal Candidate: Johnson, Mike , , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 36 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4235		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Abraham, Ralph , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 05 State: LA
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4237		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Graves, Garret , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 06 State: LA
Calendar Year-To-Date Per Election for Office Sought			750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 37 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4239 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004		
Name of Federal Candidate: Steil, Bryan , , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00 Transaction ID : SE.4241 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/Type 004		
Name of Federal Candidate: Pocan, Mark , , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	.
(c) TOTAL Independent Expenditures	▶	.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 / 15 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 38 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004	Transaction ID : SE.4243 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: James , Ronald , , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 30 / 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City Orlando	State FL	Zip Code 32829	750.00	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type 004	Transaction ID : SE.4245 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 30 / 2019	
Name of Federal Candidate: Moore, Gwen , , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ .

(c) TOTAL Independent Expenditures ▶ .

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
 10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 39 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
--	---

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4247	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Name of Federal Candidate: Sense, F. James , , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4249	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Name of Federal Candidate: Grothman, Glenn , , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1500.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ ,

(c) TOTAL Independent Expenditures ▶ ,

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , ,

Signature

Date M M / D D / Y Y Y Y
10 15 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 40 OF 40
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4251 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type 004	
Name of Federal Candidate: Gallagher, Mike , , ,			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 08 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 30 2019	
Mailing Address 7179 Lake Carlisle Blvd			Amount 750.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4253 Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 30 2019	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing			Category/Type	
Name of Federal Candidate: Jones, Doug, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought , , 750.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	.
(c) TOTAL Independent Expenditures	▶	45812.88

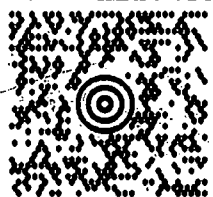
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Zullo, Christopher, , , Date M M / D D / Y Y Y Y
 Signature 10 15 2019

2019 OCT 18 PM 1:59

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 15 OCT 2019

WASHINGTON DC 20002-4694

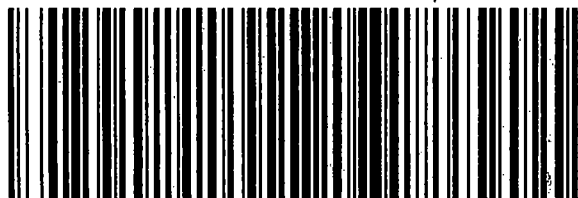


MD 201 9-58



UPS GROUND

TRACKING #: 1Z V83 2R0 P2 1503 3657



ATTENTION UPS DRIVER: SHIPPER RELEASE

ISH 19:00N ZZP

SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shipper authorizes UPS to customs purposes if exported from the US; shipper certifies that the commodities, technology or software were exported from the U.S. Regulations. Diversion contrary to law is prohibited.

FEDERAL ELECTIONS COMMISSION, 1
1050 1ST ST NE
WASHINGTON DC 20002

P. 7

774

S: RED

14-1
1ZV82R0P21603
MDC38A
UB 8004
MDC38A
HIP 19.8

MDLDC398U
HIP_19.08

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>10/15/19</i> Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	<i>10/21/19</i> DATE PREPARED

(3/2015)